

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 200px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report </div> <div> ☐ the final return/report </div> </div>
	☒ an amended return/report <div style="margin-left: 200px;">☐ a short plan year return/report (less than 12 months)</div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>
	☐ special extension (enter description) _____

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PSP</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>12/01/1974</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AMERICAN PROFESSIONAL ASSOCIATES, LLC</u> <u>3300 PRESTON RIDGE RD, STE 300</u> <u>ALPHARETTA, GA 30005</u>	2b	Employer Identification Number (EIN) <u>84-1708057</u>
		2c	Plan Sponsor's telephone number <u>770-255-7404</u>
		2d	Business code (see instructions) <u>621111</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	04/07/2020	DALE MCCORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 153
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 113 6a(2) 83 6b 5 6c 46 6d 134 6e 6f 134 6g 97 6h 8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 2K 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PSP	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN PROFESSIONAL ASSOCIATES, LLC	D Employer Identification Number (EIN) 84-1708057	

Part I	Service Provider Information (see instructions)
---------------	--

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PENSION FINANCIAL SERVICES, INC.

58-1485803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 49 50 99	OTHER SERVICES	2050	Yes ☒ No ☐	Yes ☐ No ☒	10316	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	4184	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

WILSHIRE ASSOCIATES INCORPORATED

95-2755361

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 72	INVESTMENT AD	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WILSHIRE ASSOCIATES INCORPORATED	27 72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN PROFESSIONAL ASSOC 84-1708057	1 BASIS POINT ANNUALLY ON TOTAL PLAN ASSETS IN WILSHIRE'S 3(21) INVESTMENT FIDUCIARY SERVICE PER CLIENT'S SIGNED AGREEMENT WITH WILSHIRE.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PENSION FINANCIAL SERVICES, INC.	13 49 50 99	10316
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LIFE INSURANCE COMPANY 42-0127290	REFERRAL/SERVICE FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	BERKOWITZ POLLACK BRANT	b EIN:	59-2742314
c Position:	PLAN CPA AUDITING FIRM		
d Address:	200 S. BISCAYNE BLVD MIAMI, FL 33131	e Telephone:	305-379-7000

Explanation: FIRM WAS SWITCHED TO CORRECTLY FILE ALL TAX INFORMATION AND COMPLETE THE NECESSARY AUDIT.

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PSP</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN PROFESSIONAL ASSOCIATES, LLC</u>	D Employer Identification Number (EIN) <u>84-1708057</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL STABLE VALUE FUND</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>			
c EIN-PN <u>93-6274328-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4789</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYBRT 2015 CIT R4</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>			
c EIN-PN <u>26-6447574-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>266528</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYBRT 2020 CIT R4</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>			
c EIN-PN <u>26-6447574-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>282450</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYBRT 2025 CIT R4</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>			
c EIN-PN <u>26-6447574-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>347546</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYBRT 2030 CIT R4</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>			
c EIN-PN <u>26-6447574-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>884200</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYBRT 2035 CIT R4</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>			
c EIN-PN <u>26-6447574-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>866170</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYBRT 2040 CIT R4</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>			
c EIN-PN <u>26-6447574-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>271693</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBRT 2045 CIT R4

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 404342
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBRT 2050 CIT R4

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70270
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBRT 2055 CIT R4

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34168
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR INC CIT R4

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4043
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBRT 2060 CIT R4

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 937
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PSP</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN PROFESSIONAL ASSOCIATES, LLC</u>	D Employer Identification Number (EIN) <u>84-1708057</u>	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	133067	177432
	(2) Participant contributions	1b(2)		928
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	10940	34171
	(9) Value of interest in common/collective trusts.....	1c(9)	3310559	3437137
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	183518	149199
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3638084	3798867

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3638084	3798867
---	-----------	---------	---------

Part II Income and Expense Statement

- 2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	177432	
(B) Participants	2a(1)(B)	366456	
(C) Others (including rollovers)	2a(1)(C)	1141	
(2) Noncash contributions	2a(2)		545029
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	1622	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1622
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2585	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2585
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		507695
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		41245
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1098176

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	918401	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	12758	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		931159
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	6234	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		6234
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		937393

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		160783
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: NICHOLS CAULEY AND ASSOCIATES, LLC

(2) EIN: 58-2475857

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a	X		447128
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		400000
4e	X		400000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PSP</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN PROFESSIONAL ASSOCIATES, LLC</u>	D Employer Identification Number (EIN) <u>84-1708057</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
---	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2017
v. 170203

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(k)

PROFIT SHARING PLAN

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2017

AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
TABLE OF CONTENTS
YEAR ENDED DECEMBER 31, 2017

	Page
Independent Auditor's Report	1-2
Financial Statements:	
Statements of Net Assets Available for Benefits – Modified Cash Basis	3
Statement of Changes in Net Assets Available for Benefits – Modified Cash Basis	4
Notes to Financial Statements	5-12
Supplemental Schedules -	
* Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	13
* Schedule H, Line 4a – Schedule of Delinquent Participant Contributions	14

Other schedules required under the Employee Retirement Income Security Act of 1974 (ERISA) are omitted because of the absence of the conditions under which they are required.



NICHOLS, CAULEY & ASSOCIATES, LLC

1825 Barrett Lakes Blvd, Suite 200
Kennesaw, Georgia 30144
770-422-0598 FAX 678-214-2355
kennesaw@nicholscauley.com

INDEPENDENT AUDITOR'S REPORT

The Administrative Committee and Plan Participants
American Professional Associates, LLC 401(k) Profit Sharing Plan
Alpharetta, Georgia

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of American Professional Associates, LLC 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits – modified cash basis as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits – modified cash basis for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Principal Financial Group, Custodian of the Plan, at December 31, 2017 and 2016 and for the year ended December 31, 2017, respectively, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodian holds all the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Custodian as of December 31, 2017 and 2016 that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Atlanta | Calhoun | Canton | Dalton | Dublin
Fayetteville | Kennesaw | Rome | Warner Robins

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

Other Matter – Supplemental Schedules

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets Held at End of Year and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Richards, Cauley + Associates, LLC

Kennesaw, Georgia
February 24, 2020

AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS – MODIFIED CASH BASIS
DECEMBER 31, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
ASSETS		
Investments at fair value	\$ 3,578,144	\$ 3,487,346
Notes receivable from participants	<u>34,171</u>	<u>10,940</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 3,612,315</u></u>	 <u><u>\$ 3,498,286</u></u>

See accompanying independent auditor's report and notes to financial statements.

AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS –
MODIFIED CASH BASIS
FOR THE YEAR ENDED DECEMBER 31, 2017

Additions:

Investment income:	
Net appreciation in	
fair value of investments	\$ 547,483
Interest and dividends	2,585
Interest income from participant loans	1,622
	<u>551,690</u>
Contributions:	
Participants	365,528
Employer	133,067
Rollover	1,141
	<u>499,736</u>
 TOTAL ADDITIONS	 <u>1,051,426</u>

Deductions:

Benefits paid to participants	931,159
Administrative fees	6,238
	<u>937,397</u>
 TOTAL DEDUCTIONS	 <u>937,397</u>
 NET INCREASE	 114,029

NET ASSETS AVAILABLE FOR BENEFITS:

BEGINNING OF YEAR	<u>3,498,286</u>
END OF YEAR	<u>\$ 3,612,315</u>

See accompanying independent auditor's report and notes to financial statements.

AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017

1. DESCRIPTION OF PLAN

The following description of the American Professional Associates, LLC 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The American Professional Associates, LLC 401(k) Profit Sharing Plan is a defined contribution plan covering substantially all employees of American Professional Associates, LLC (the Company) except those who are union, non-resident aliens, or leased as defined by the Plan. The Plan provides eligible employees a means of regular and systematic savings with several investment options. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Employees are eligible to participate in the Plan upon completing three consecutive months of service. Employees may elect to participate in the Plan on the first day of the month following the date that the eligibility requirements were met.

Contributions

Each year, participants may contribute up to the maximum amount of the participant's qualified compensation, as defined by the Plan, subject to an annual dollar limit which is set by law. Participants who have attained age fifty before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers Common Collective Trusts and Mutual Funds as investment options for participants.

Each year, the Company may make discretionary matching contributions equal to 100% of the participant's deferrals up to 3% of employee compensation plus 50% of the participant's deferrals between 3% and 5% of employee compensation. The Company may also make an annual discretionary profit sharing contribution. In order to receive either of these additional contributions, the participant must meet the specified requirements stated in the Plan agreement. Contributions are subject to certain conditions.

Participant Accounts

Each participant's account is credited with the participant's voluntary contribution, any employer discretionary contributions and allocation of Plan earnings (losses) reduced by administrative expenses which are allocated proportionately among all participants based on their investment in each fund. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017

1. DESCRIPTION OF PLAN

Vesting

Participants are immediately vested in deferral contributions and employer matching contributions, plus actual earnings thereon. A participant is 100% vested in the Company's profit sharing contributions after six years of credited service. A participant is 100% vested upon normal retirement, employment termination due to death or termination as a result of becoming disabled.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to the limits taking into account a participant's entire interest in the Plan. Participants are permitted to have one loan outstanding. The loans are secured by the balance in the participant's account and bear interest at a rate of prime plus 1%, which is fixed on the date of the loan.

Payment of Benefits

Benefits equal to the value of the funds allocated to a participant's vested balance in the account will be paid upon the participant's death, disability, retirement, termination of the Plan, or termination of employment in either a lump sum amount or in annual installments. The non vested portion will be forfeited, unless the employee returns to service with the employer before incurring five consecutive breaks in service, in which case the account balance will be restored unadjusted for any gains or losses. In-service distributions may be made to a participant who has not separated from the Company, is 100% vested and has reached the normal retirement age.

Forfeitures

The Plan's sponsor has elected to apply forfeitures to any employer discretionary contribution and to allocate forfeited amounts in the same manner. During 2017, \$6,927 was forfeited from participant accounts. At December 31, 2017 and 2016, the balance of forfeited, nonvested funds available for future use was \$16,171.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan maintains its books and financial records using the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles in the United States of America. Under this method, contributions and related income are recognized when received, rather than when earned, and expenses are recorded when paid, not when incurred.

AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The December 31, 2016 financial statements were originally issued using the accrual basis of accounting. The prior year column in this presentation has been revised to the modified cash basis of accounting as follows for consistency in presentation:

Net Assets Available for Benefits - Accrual Basis, December 31, 2016	\$ 3,638,084
Less: 2016 Employer contribution receivable - accrual basis	(133,067)
Less: Investment adjustment	(6,731)
Net Assets Available for Benefits - Modified Cash Basis, December 31, 2016	<u>\$ 3,498,286</u>

Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements requires the plan administrator to make estimates and assumptions that affect certain reported amounts of Plan assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation

Investments are reported at fair value or the net asset value which approximates the fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Income Recognition

Investment income is recorded when earned. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation and depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances. Interest income is recorded on the modified cash basis, generally as earned. Delinquent participant loans are classified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The administrative expense associated with the Plan was paid from Plan assets. Expenses for 2017 were \$6,238.

AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017

3. INFORMATION CERTIFIED BY CUSTODIAN (UNAUDITED)

The Company has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information with respect to investments was produced by the Custodian and was not subjected to any auditing procedures by the independent public accountant. The Plan's Custodian certified the following information:

	2017	2016
Investments, at fair value	\$ 3,578,144	\$ 3,487,346
Net appreciation in fair value of investments including earnings	547,483	
Interest and dividends	2,585	

4. FAIR VALUE MEASUREMENTS

The Plan utilizes ASC 820, *Fair Value Measurements*. Accounting Standards Codification (ASC) 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The three levels of the fair value hierarchy under ASC 820 are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include: a) quoted prices for similar assets or liabilities in active markets; b) quoted prices for identical or similar assets or liabilities in inactive markets; c) inputs other than quoted prices that are observable for the asset or liability; and d) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation method are unobservable and significant to the fair value measurement. Unobservable inputs are those that reflect the plan's own assumptions about the assumptions that market participants would use in pricing the asset, developed based on the best information available in the circumstances.

AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017

4. FAIR VALUE MEASUREMENTS (Continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

December 31, 2017				
	Level 1	Level 2	Level 3	Total
Investments in:				
Common Collective Trusts	\$ -	\$ 3,437,147	\$ -	\$ 3,437,147
Mutual Funds	140,997	-	-	140,997
Total	<u>\$ 140,997</u>	<u>\$ 3,437,147</u>	<u>\$ -</u>	<u>\$ 3,578,144</u>

December 31, 2016				
	Level 1	Level 2	Level 3	Total
Investments in:				
Common Collective Trusts	\$ -	\$ 3,310,559	\$ -	\$ 3,310,559
Mutual Funds	176,787	-	-	176,787
Total	<u>\$ 176,787</u>	<u>\$ 3,310,559</u>	<u>\$ -</u>	<u>\$ 3,487,346</u>

5. TAX STATUS

The Company adopted the Pension Financial Services, Inc. Volume Submitter 401(k) Profit Sharing Plan. The prototype plan has received a favorable determination from the Internal Revenue Service, that it is acceptable under section 401 of the Internal Revenue Code (IRC). Refer to Note 11 regarding plan operational items disclosed.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Company's Federal Forms 5500 are subject to examination three years after they are filed. Interest and penalties related to income tax matters, if any, are recognized in administrative expenses and are disclosed if material.

AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017

6. TRANSACTIONS WITH PARTIES IN INTEREST

Certain Plan investments are managed by Principal Financial Group, who is the record-keeper and custodian of the Plan, therefore, these transactions qualify as party-in-interest transactions. Notes receivable from participants are also defined by ERISA as party-in-interest transactions.

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its discretionary contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their accounts.

8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

9. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through the date of the independent auditors' report, which is the date these financial statements were available to be issued. Effective January 1, 2018, the Company entered into a Professional Employer Organization (PEO) agreement for the provision of payroll services, health benefit plans, HR services and a 401(k) Plan. The Company terminated the agreement with the PEO effective September 30, 2018. Assets in the American Professional Associates, LLC 401(k) Profit Sharing Plan were not transferred to the PEO plan and upon termination of the PEO contract, assets from the PEO plan were not transferred to the American Professional Associates, LLC 401(k) Profit Sharing Plan. Except as disclosed in Note 11, no events have occurred that would require adjustment to or disclosure in the financial statements which were available to be issued on February 24, 2020.

AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017

10. RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits between the financial statements and Form 5500 as of December 31, 2017:

Net assets available for benefits per the financial statements	\$ 3,612,315
Plus: Employer and employee contribution receivables on the 5500	178,360
Plus: Miscellaneous investment adjustments	<u>8,012</u>
Net assets available for benefits per Form 5500	<u><u>\$ 3,798,687</u></u>

The following is a reconciliation of participant contributions between the financial statements and Form 5500 as of December 31, 2017:

Participant contributions per the financial statements	\$ 366,669
Plus: Employee contribution receivable on the 5500	<u>928</u>
Participant contributions per Form 5500	<u><u>\$ 367,597</u></u>

The following is a reconciliation of employer contributions between the financial statements and Form 5500 as of December 31, 2017:

Employer contributions per the financial statements	\$ 133,067
Less: Employer contribution receivable on the 5500, beginning of year	(133,067)
Plus: Employer contribution receivable on the 5500, end of year	<u>177,432</u>
Employer contributions per Form 5500	<u><u>\$ 177,432</u></u>

11. OPERATIONAL FAILURES AND PROHIBITED TRANSACTIONS

The Company identified the following operational failures and prohibited transactions:

Exclusion of Eligible Employees-

During 2017 and 2016, part-time employees were not given the opportunity to participate in the Plan which resulted in missed contribution opportunities and related lost earnings. As of the report date, the Company has not determined the participants affected or the corrective actions needed.

AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017

11. OPERATIONAL FAILURES AND PROHIBITED TRANSACTIONS (Continued)

Loans –

During 2017, amounts applied to five participant loans did not reconcile to the loan payment deferrals reflected in the payroll system. A net variance of \$3,723 was applied to participant loan values in excess of the amount of the loan payment deferrals reflected in the payroll system. As a result, two terminated participants were issued a 1099 for outstanding loan amounts that had not been reduced by one loan payment. The value of the 1099s was \$86 higher than should have been reported.

One employee terminated employment in 2016 with an outstanding loan balance. As of the date of the report, a 1099 has not been issued and the loan continues to be reflected as outstanding by the Plan.

As of the report date, the Company has not determined the corrective actions needed.

Forfeitures-

During 2017, four distributions made to participants had been reduced by forfeited amounts that did not correspond to the vesting schedule requirements specified in the Plan document. The forfeited amounts totaled \$6,927.

The Plan document specifies that forfeiture amounts will be allocated to participant accounts in the same manner as employer discretionary contributions. The balance in the forfeiture account on December 31, 2016 was \$10,541. During 2017, no forfeiture amounts were allocated to participant accounts. Additionally, \$2,880 of the forfeiture balance was used by the Plan to pay administrative expenses which is not a use specified in the Plan document.

As of the report date, the Company has not determined the corrective actions needed.

Remittances-

During 2017 and 2016, certain participant contributions and loan payments were not remitted timely to the Plan which resulted in lost earnings for the participants. As of the report date, the Company is working to determine the corrective action needed.

The safe harbor matching contribution of \$138,111 relating to 2017 employee deferrals was computed and remitted to the Plan in April 2019. The remittance included a computation for 2017 lost earnings of \$3,453.

AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2017

Plan Name: American Professional Associates, LLC 401(K) Profit Sharing Plan
Plan Number: 001
EIN: 84-1708057

(a)	(b)	(c)	(e)
	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current Value
	<u>Common Collective Trusts</u>		
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBRID 2015 CIT	\$ 266,528
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBRID 2020 CIT	282,450
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBRID 2025 CIT	347,546
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBRID 2030 CIT	884,200
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBRID 2035 CIT	866,170
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBRID 2040 CIT	271,693
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBRID 2045 CIT	404,342
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBRID 2050 CIT	70,270
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBRID 2055 CIT	34,168
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBRID 2060 CIT	937
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBR INC	4,043
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRINCIPAL STABLE VALUE FUND	4,799
		Total Common Collective Trusts	3,437,147
	<u>Mutual Funds</u>		
*	PRINCIPAL FUNDS INC.	REGISTERED INVESTMENT COMPANY	1,954
*	PRINCIPAL FUNDS INC.	REGISTERED INVESTMENT COMPANY	20,834
*	PRINCIPAL FUNDS INC.	REGISTERED INVESTMENT COMPANY	13,834
*	PRINCIPAL FUNDS INC.	REGISTERED INVESTMENT COMPANY	8,176
*	PRINCIPAL FUNDS INC.	REGISTERED INVESTMENT COMPANY	2,513
	FIDELITY INVESTMENTS	REGISTERED INVESTMENT COMPANY	11,148
*	PRINCIPAL FUNDS INC.	REGISTERED INVESTMENT COMPANY	4,534
	MFS INVESTMENT MANAGEMENT	REGISTERED INVESTMENT COMPANY	13,820
	PIMCO FUNDS	REGISTERED INVESTMENT COMPANY	2,717
	COLUMBIA FUNDS	REGISTERED INVESTMENT COMPANY	1,058
	AMERICAN FUNDS SERVICE COMPANY	REGISTERED INVESTMENT COMPANY	939
	AMERICAN FUNDS SERVICE COMPANY	REGISTERED INVESTMENT COMPANY	1,558
	OPPENHEIMERFUNDS, INC.	REGISTERED INVESTMENT COMPANY	7,096
*	PRINCIPAL FUNDS INC.	REGISTERED INVESTMENT COMPANY	8,985
*	PRINCIPAL FUNDS INC.	REGISTERED INVESTMENT COMPANY	14,799
	AMERICAN BEACON FUNDS	REGISTERED INVESTMENT COMPANY	1,082
	HARTFORD MUTUAL FUNDS	REGISTERED INVESTMENT COMPANY	6,941
	PGIM INVESTMENTS	REGISTERED INVESTMENT COMPANY	3,827
	PGIM INVESTMENTS	REGISTERED INVESTMENT COMPANY	3,929
	COLUMBIA FUNDS	REGISTERED INVESTMENT COMPANY	11,255
		Total Mutual Funds	140,997
	Participant loans	Interest rates ranging from 4.25% to 5.00%	34,171
		TOTAL	\$ 3,612,315

AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT
PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2017

Plan Name: American Professional Associates, LLC 401(K) Profit Sharing Plan
Plan Number: 001
EIN: 84-1708057

2017 Form 5500 Line 4a- Schedule of Delinquent Participant Contributions	
Participant Contributions transferred Late to Plan	Total that Constitute Nonexempt Prohibited transactions
2016 - \$ 98,186	\$98,186
2017 - \$348,942	\$348,942

AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE - SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2017

Plan Name: American Professional Associates, LLC 401(K) Profit Sharing Plan

Plan Number: 001

EIN: 84-1708057

(a)	(b)	(c)	(e)
*	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current Value
	<u>Common Collective Trusts</u>		
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBRID 2015 CIT	\$ 266,528
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBRID 2020 CIT	282,450
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBRID 2025 CIT	347,546
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBRID 2030 CIT	884,200
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBRID 2035 CIT	866,170
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBRID 2040 CIT	271,693
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBRID 2045 CIT	404,342
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBRID 2050 CIT	70,270
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBRID 2055 CIT	34,168
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBRID 2060 CIT	937
*	PRINCIPAL GLOBAL INVESTORS TRUST CO.	PRIN LIFETIME HYBR INC	4,043
*	PRINCIPAL GLOBAL INVESTORS TRUST CO	PRINCIPAL STABLE VALUE FUND	4,799
		Total Common Collective Trusts	3,437,147
	<u>Mutual Funds</u>		
*	PRINCIPAL FUNDS INC.	REGISTERED INVESTMENT COMPANY	1,954
*	PRINCIPAL FUNDS INC.	REGISTERED INVESTMENT COMPANY	20,834
*	PRINCIPAL FUNDS INC.	REGISTERED INVESTMENT COMPANY	13,834
*	PRINCIPAL FUNDS INC.	REGISTERED INVESTMENT COMPANY	8,176
*	PRINCIPAL FUNDS INC.	REGISTERED INVESTMENT COMPANY	2,513
	FIDELITY INVESTMENTS	REGISTERED INVESTMENT COMPANY	11,148
*	PRINCIPAL FUNDS INC.	REGISTERED INVESTMENT COMPANY	4,534
	MFS INVESTMENT MANAGEMENT	REGISTERED INVESTMENT COMPANY	13,820
	PIMCO FUNDS	REGISTERED INVESTMENT COMPANY	2,717
	COLUMBIA FUNDS	REGISTERED INVESTMENT COMPANY	1,058
	AMERICAN FUNDS SERVICE COMPANY	REGISTERED INVESTMENT COMPANY	939
	AMERICAN FUNDS SERVICE COMPANY	REGISTERED INVESTMENT COMPANY	1,558
	OPPENHEIMERFUNDS, INC.	REGISTERED INVESTMENT COMPANY	7,096
*	PRINCIPAL FUNDS INC.	REGISTERED INVESTMENT COMPANY	8,985
*	PRINCIPAL FUNDS INC.	REGISTERED INVESTMENT COMPANY	14,799
	AMERICAN BEACON FUNDS	REGISTERED INVESTMENT COMPANY	1,082
	HARTFORD MUTUAL FUNDS	REGISTERED INVESTMENT COMPANY	6,941
	PGIM INVESTMENTS	REGISTERED INVESTMENT COMPANY	3,827
	PGIM INVESTMENTS	REGISTERED INVESTMENT COMPANY	3,929
	COLUMBIA FUNDS	REGISTERED INVESTMENT COMPANY	11,255
		Total Mutual Funds	140,997
	Participant loans	Interest rates ranging from 4.25% to 5.00%	34,171
		TOTAL	\$ 3,612,315

AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT
PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2017

Plan Name: American Professional Associates, LLC 401(K) Profit Sharing Plan
Plan Number: 001
EIN: 84-1708057

2017 Form 5500 Line 4a- Schedule of Delinquent Participant Contributions	
Participant Contributions transferred Late to Plan	Total that Constitute Nonexempt Prohibited transactions
2016 - \$ 98,186	\$98,186
2017 - \$348,942	\$348,942

AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT
PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2017

Plan Name: American Professional Associates, LLC 401(K) Profit Sharing Plan
Plan Number: 001
EIN: 84-1708057

2017 Form 5500 Line 4a- Schedule of Delinquent Participant Contributions	
Participant Contributions transferred Late to Plan	Total that Constitute Nonexempt Prohibited transactions
2016 - \$ 98,186	\$98,186
2017 - \$348,942	\$348,942

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2017</div> This Form is Open to Public Inspection
---	--	--

Part I Annual Report Identification Information	
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.) ☒ a single-employer plan ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here ☐ D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____

Part II Basic Plan Information - enter all requested information											
1a Name of plan AMERICAN PROFESSIONAL ASSOCIATES, LLC 401(K) PSP 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AMERICAN PROFESSIONAL ASSOCIATES, LLC 3300 PRESTON RIDGE RD, STE 300 ALPHARETTA GA 30005	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 12/01/1974</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 84-1708057</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number (770) 255-7404</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 621111</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan 12/01/1974		2b Employer Identification Number (EIN) 84-1708057		2c Plan Sponsor's telephone number (770) 255-7404		2d Business code (see instructions) 621111	
1b Three-digit plan number (PN) ►	001										
1c Effective date of plan 12/01/1974											
2b Employer Identification Number (EIN) 84-1708057											
2c Plan Sponsor's telephone number (770) 255-7404											
2d Business code (see instructions) 621111											

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		04/07/2020	DALE MCCORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2017)
v. 170203